

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08-423023 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT
1	/			/		
2		/		/		
3		/		/		
4				/	/	
5						/
6						/
7						/
8						/
9						/
10						
11						/
12						/
13						/
14						/
15						/
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1			1		2
TOTAL DEP.	2	↓	3	↓	8	↓
TOTAL CLAIMS	3	4	5	6	10	7

*		*		*
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				